

Department of Public Health & Human Services Montana Medicaid Notice Dental, Denturist and Outpatient Hospital Providers

Dental and Denturist Code Changes and Manual Update

The following changes will be effective July 1, 2004 for the Department of Public Health and Human Services Medicaid Program. These changes are in response to provider input and in consultation with our Dental Advisory Board and should have no adverse effects on providers or clients.

Newly Covered Codes

Effective July 1, 2004 Montana Medicaid will cover the following codes:

- D5850 and D5850-EP Tissue Conditioning, Maxillary
- D5851 and D5851-EP Tissue Conditioning, Mandibular

Discontinued Codes

The following codes have not been used and are not valid after 6/30/04 dates of service:

- D7340 Vestibuloplasty Ridge Extension
- D7350 Vestibuloplasty Ridge Extension
- D7920 Skin Graft

Denture Billing Date Change

Dentures **must** be billed using the date of service the client receives the dentures. The **only** exception is when the client is not eligible on the date of service, then the date of impressions may be used.

Dental and Denturist Manual Update

The Covered Services and Limitations chapter of the Dental and Denturist Program Medicaid Provider Manual has been updated effective July 1, 2004. Many provider suggestions have been incorporated in one convenient place including:

- Dental fee schedule
- All Medicaid covered CDT codes
- CDT code allowed minimum and maximum age
- Service limitations per code

Dental Fee Schedule

Effective July 1, 2004 the dental fee schedule has been updated with the above changes. You may access the fee schedule on the Provider Website.

Contact Information

Please retrieve the new *Covered Services and Limitations* manual replacement pages located on the Medicaid Provider Website, or if you have questions call Provider Relations.

Medicaid Provider Website: http://www.mtmedicaid.org

Provider Relations in Helena and out-of-state: (406) 442-1837 In-state toll-free: 1-800-624-3958

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